

FROM : Law

FAX NO. : 786-242-9349

May. 06 2004 11:37PM P3

## PART B - FEE(S) TRANSMITTAL

O I P E  
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P A T E N T & T R A D E M A R K S U B M I T T A L

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7500 02/10/2004

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

YI LI	(Depositor's name)
	(Signature)
5/6/2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/801,115	03/07/2001	Dalong Ma	10776-003	5164

TITLE OF INVENTION: NUCLEIC ACID MOLECULE ENCODING CHEMOKINE-LIKE FACTOR 1 (CKLF1)

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	-NO YES	\$430 <i>f 865.00</i>	\$300	\$4630 <i>f 965.00</i>	05/10/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
BUNNER, BRIDGET E	1647	435-069500

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/12) attached.	<i>Yi Li</i>
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2 _____ 3 _____

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

## (A) NAME OF ASSIGNEE

## (B) RESIDENCE: (CITY and STATE OR COUNTRY)

(1) Beijing Medical University

Beijing, China

(2) Beijing Medical University United Biological Engineering Company

Beijing, China

Please check the appropriate assignee category or categories (will not be printed on the patent);  individual  corporation or other private group entity  government

4a. The following fee(s) are enclosed:

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 Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee Payment by credit card. Form PTO-2038 is attached. Advance Order • # of Copies \_\_\_\_\_ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number \_\_\_\_\_ (enclose an extra copy of this form).

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(Authorized Signature) *Yi Li, Reg. No. 44-211* (Date)*5/6/2004*

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